

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)							SERIAL NO. 10-018,992	FILING DATE			
							APPLICANT'S				
							411105 - CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51				
2							52				
3							53				
4							54				
5							55				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	36						TOTAL DEP.				
TOTAL CLAIMS	39						TOTAL CLAIMS				